

CLAIMS							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1							51	
2							52	
3							53	
4							54	
5							55	
6							56	
7							57	
8							58	
9							59	
10							60	
11							61	
12							62	
13							63	
14							64	
15							65	
16							66	
17							67	
18							68	
19							69	
20							70	
21							71	
22							72	
23							73	
24							74	
25							75	
26							76	
27							77	
28							78	
29							79	
30							80	
31							81	
32							82	
33							83	
34							84	
35							85	
36							86	
37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
10 1							51						
10 2							52						
10 3							53						
10 4							54						
10 5							55						
10 6							56						
10 7							57						
10 8							58						
10 9							59						
10 10							60						
11 1							61						
11 2							62						
11 3							63						
11 4							64						
11 5							65						
11 6							66						
11 7							67						
11 8							68						
11 9							69						
11 10							70						
11 11							71						
11 12							72						
11 13							73						
11 14							74						
11 15							75						
11 16							76						
11 17							77						
11 18							78						
11 19							79						
11 20							80						
11 21							81						
11 22							82						
11 23							83						
11 24							84						
11 25							85						
11 26							86						
11 27							87						
11 28							88						
11 29							89						
11 30							90						
11 31							91						
11 32							92						
11 33							93						
11 34							94						
11 35							95						
11 36							96						
11 37							97						
11 38							98						
11 39							99						
11 40							100						
11 41													
11 42													
11 43													
11 44													
11 45													
11 46													
11 47													
11 48													
11 49													
11 50													
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						